



HRN: _____ Site: _____ DOB: yyyy/mon/dd

Last Name _____ First and Additional Names: _____

PHN: _____ Gender: _____ Age in Years: _____

Admitting Physician: _____ Encounter #: _____

Address: Street, City, Province, Postal Code

Telephone Number: _____

Date of Admission: yyyy/mon/dd

Family Physician: _____

Pediatric Asthma Discharge Prescription and Short-Term Plan

The doctor will fill out this form before your child is discharged. Follow this plan until you see your child's usual doctor in 3 to 7 days.

Hospital Name: _____		Phone: _____		
Address: _____				
Controller Medicine: ***(MDI – Metered Dose Inhaler / DPI – Dry Powder Inhaler)***				
<ul style="list-style-type: none"> Longer-acting medicine that reduces swelling in the airways. Must be used regularly to help heal and prevent swelling in airways. Must use a spacer with all MDIs: <input type="checkbox"/> Spacer with mask <input type="checkbox"/> Spacer with mouthpiece 				
Inhale	Beclomethasone (Qvar®) MDI	<input type="checkbox"/> 50 mcg	<input type="checkbox"/> 100 mcg	<input type="checkbox"/> _____ puff(s) two times a day (in the morning and at night) until child is seen by their doctor (in 3 to 7 days). <input type="checkbox"/> _____ puff(s) once a day until your child is seen by their doctor (in 3 to 7 days). <input type="checkbox"/> Rinse mouth with water after inhalation.
Inhale	Budesonide (Pulmicort®) DPI	<input type="checkbox"/> 100 mcg	<input type="checkbox"/> 200 mcg <input type="checkbox"/> 400 mcg	
Inhale	Ciclesonide (Alvesco®) MDI	<input type="checkbox"/> 100 mcg	<input type="checkbox"/> 200 mcg	
Inhale	Fluticasone (Flovent®) DPI	<input type="checkbox"/> 100 mcg	<input type="checkbox"/> 250 mcg <input type="checkbox"/> 500 mcg	
Inhale	Fluticasone (Flovent®) MDI	<input type="checkbox"/> 50 mcg	<input type="checkbox"/> 125 mcg <input type="checkbox"/> 250 mcg	
Inhale	Mometasone (Asmanex®) DPI	<input type="checkbox"/> 50/5 mcg	<input type="checkbox"/> 100/5 mcg <input type="checkbox"/> 200/5 mcg	
Inhale	Budesonide/formoterol (Symbicort®) DPI	<input type="checkbox"/> 100/6 mcg	<input type="checkbox"/> 200/6 mcg <input type="checkbox"/> 400/12 mcg	
Inhale	Fluticasone propionate/salmeterol (Advair®/Wixela®) DPI	<input type="checkbox"/> 100/50 mcg	<input type="checkbox"/> 200/50 mcg <input type="checkbox"/> 500/50 mcg	
Inhale	Fluticasone propionate/salmeterol (Advair®) MDI	<input type="checkbox"/> 125/25mcg	<input type="checkbox"/> 250/25 mcg	
Reliever Medicine: ***(MDI – Metered Dose Inhaler / DPI – Dry Powder Inhaler)***				
<ul style="list-style-type: none"> Short-acting medicine that temporarily relaxes muscles around the airways. Gives quick relief for symptoms like coughing, wheezing, shortness of breath. Must use a spacer with all MDIs: <input type="checkbox"/> Spacer with mask <input type="checkbox"/> Spacer with mouthpiece 				
Inhale	Salbutamol (Ventolin®, Airomir®) MDI	<input type="checkbox"/> 100 mcg	<input type="checkbox"/> _____ puff(s) every 4 hours for 24 hours then _____ puff(s) every 4 hours when needed.	
Inhale	Salbutamol (Ventolin®) DPI	<input type="checkbox"/> 200 mcg		
Inhale	Terbutaline (Bricanyl®) DPI	<input type="checkbox"/> 500 mcg	<input type="checkbox"/> Up to _____ puff(s) every _____ hours when needed.	
Inhale	Budesonide/formoterol (Symbicort®) DPI	<input type="checkbox"/> 200/6 mcg	<input type="checkbox"/> Maximum of _____ puff(s) daily.	
Oral Steroid:				
<ul style="list-style-type: none"> Brings swelling/inflammation in the airway under control quickly. If your child is using oral steroids often, it means your child's asthma is not well controlled. 				
Take	<input type="checkbox"/> Prednisone <input type="checkbox"/> Dexamethasone <input type="checkbox"/> Prednisolone	<input type="checkbox"/> _____ mg by mouth every day for _____ day(s).		
		<input type="checkbox"/> Follow up with your doctor.		
Other Medicine: Name	Dose	How long	Directions	
<ul style="list-style-type: none"> If your child has trouble breathing or talking, has blue lips or fingernails, or seems to be getting worse, call 911. If you are concerned about your child, call your doctor or Health Link. Bring your child back to the hospital if: <ul style="list-style-type: none"> your child's symptoms get worse; or your child's reliever medicine lasts less than 3 hours; or you aren't sure what to do, or you feel you are having trouble managing your child's symptoms. <p>For 24-hour nurse advice and health information call Health Link at 811.</p>				
Physician's Signature: _____		Date: _____	Phone Number: _____	
		(yyyy/mon/dd)		
Physician Print Name: _____				

Asthma can be *life threatening*, especially if not treated.

Remember – **ASTHMA**:

Airways – Asthma affects the airways in your child’s lungs. Three main things happen in your child’s airways: 1) airways swell and make mucous, 2) muscles around the outside of your child’s airways tighten, and 3) your child’s airways become sensitive and twitchy.

Symptoms – Your child will cough more, wheeze, and/or be short of breath. Having more symptoms means your child’s asthma is out of control.

Technique & Triggers – Have your child show a healthcare provider how he or she uses the asthma medicine devices to make sure they are being used properly. If your child uses a MDI, it is best to add-on a spacer to help the medicine get properly into the lungs. Your child’s spacer should fit well: mask-type spacers should cover the nose and mouth snugly. Everyone has different asthma triggers; know your child’s triggers and how to avoid them if possible.

Help – Talk to a healthcare provider to learn more about resources that will help you manage your child’s asthma. You can also go to the websites below to learn more.

Medicine – Know what your child’s asthma medicine does. Your child should take his or her preventer/controller medicine every day even when feeling well.

Asthma Action Plan – Make a plan with your child’s doctor on how to manage changes in your child’s asthma. Go to myhealth.alberta.ca to print an Asthma Action Plan. Take it to your child’s doctor so it can be filled in together.

Checklist to Do at Home

- Go back to the emergency/urgent care department if:
 - your child’s symptoms get worse; or
 - your child’s reliever medicine lasts less than 3 hours; or
 - your child can’t talk in sentences without taking a breath; or
 - your child’s nails or the skin around the lips are blue; or
 - you aren’t sure what to do, or you feel you are having trouble managing your child’s symptoms.
- Make a follow-up appointment with your child’s doctor within 3 to 7 days of leaving the hospital.
- If you have been referred for asthma education, call the educator to make an appointment.

For More Information

iCAN Control Asthma
www.ucalgary.ca/icancontrolasthma

Asthma Canada
www.asthma.ca

MyHealth Alberta
www.myhealth.alberta.ca

Alberta Lung & NWT
www.ablung.ca